PMH5

THE EFFECT OF RIVASTIGMINE ON THE DIRECT AND INDIRECT COSTS OF ALZHEIMER'S DISEASE

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A recent study used data from two Phase III clinical trials of rivastigmine efficacy and safety to model rivastigmine's effect on the progression of Alzheimer's disease (AD). In these trials, a patient's AD status is gauged by measuring cognitive function using the mini-mental state exam (MMSE). The hazard model developed in this study has been used to estimate disease stage-specific savings in direct cost of caring for AD patients resulting from treatment with rivastigmine. **OBJECTIVES:** We refined this model to estimate precise MMSE score-specific savings and investigate the distribution of cost savings across direct and indirect costs of caring for AD patients. **METHODS:** MMSE score-specific estimates of AD progression in both untreated and treated patients were combined with both MMSE score-specific estimates of direct and indirect costs of AD, and estimates of the probability of institutionalization from previous studies. We estimated potential savings due to rivastigmine treatment in direct, indirect, and total costs of caring for AD patients in the US. We analyzed the relative magnitudes of these cost savings across MMSE scores for three treatment time horizons. **RESULTS:** As a percentage of total gross cost savings, savings in indirect costs are greatest for both mild and moderate patients during the first 6 months of treatment. After 2 years of treatment, gross direct cost savings make up the majority of overall cost savings for both mild and moderate patients. **CONCLUSIONS:** Decreases in likelihood of institutionalization resulting from treatment appear to be driving these results. Results clearly demonstrate long-term savings of early initiation of rivastigmine treatment.

PMH6

PHARMACOECONOMIC ANALYSES OF DEPOT NEUROLEPTIC TREATMENT IN NATURAL SETTING

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OBJECTIVES: The study purpose was to evaluate cost-effectiveness for the treatment with some depot neuroleptics (decanoate zuclopenthixol, decanoate flupenthixol, palmitate pipothiasine) for patients with schizophrenia (ICD-10) in a Moscow community psychiatric outpatient clinic compared with oral forms of conventional neuroleptics. **METHODS:** In the frame of the first (clinical) stage a 24-week mirror-image cost-effectiveness study was performed. Three cohorts of 34, 29 and 29 patients at high risk of relapse or frequent exacerbation of schizophrenic symptoms and consequent hospitalization were treated with decanoate zuclopenthixol, decanoate flupenthixol, palmitate pipothiasine, respectively. Clinical improvement was evaluated with PANSS и CGI, and dynamic of social functioning and quality of life of patients with original checklist. Severity of extrapyramidal side effects was evaluated with Simpson-Angus scale. Cost analysis was performed including relevant data about the direct and indirect costs (rub. 1998) for all of the patients. At the second (analytic) study stage by means of decision tree simulation model an economic evaluation of treatment with the depot neuroleptics over a hypothetical five-year period was performed. **RESULTS:** Statistically significant clinical improvement along with improvement of social functioning and quality of life of all of the patients receiving depot were achieved. Economic analysis indicated significant (50%) saving in the total medical cost associated with the patients despite the fact that these medicines have a higher acquisition cost. Twice as much gain was achieved from the societal perspective. Analytic method confirms that long-term treatment with the depot antipsychotics is cost-effective versus standard oral ones. **CONCLUSIONS:** The treatment of schizophrenia with studied Depot neuroleptics should be considered as an evidence based (first line) maintenance strategy in usual practice setting especially for outpatients with problems of compliance.

PMH7

COST-EFFECTIVENESS OF ATYPICAL ANTIPSYCHOTICS IN CHRONIC SCHIZOPHRENIA

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Atypical antipsychotics have equal or better clinical efficacy and more favorable side effect profiles when compared with typical antipsychotics and are increasingly prescribed. Cost-effectiveness approach will guide the institutions to optimize the limited medication budget. **OBJECTIVE:** The purpose of this study is to compare the cost-effectiveness of three atypical antipsychotics; clozapine, risperidone and olanzapine. **METHODS:** Patients, treatment refractory to conventional antipsychotics, were started on clozapine or risperidone or olanzapine in an open-label, prospective effectiveness and safety evaluation. Subjects from each treatment group were matched for age, sex, ethnicity, diagnosis, current length of hospitalization and baseline BPRS scores. Samples of 50 patients were randomly selected from each effectiveness and safety evaluation to compare cost-effectiveness by using the change in BPRS score after six months of treatment. **RESULTS:** BPRS scores were 61, 59, and 59 at baseline and 42, 54 and 42 for clozapine, risperidone and olanzapine at the end of six months. Average prescriptions costs